

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014964

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

316

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10109

207302

3

40

52

6

70

81

9157X

10

11

122-0

133-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 38
FILED MAY 2 1963

1. PLACE OF DEATH

a. COUNTY

Boone

b. CITY (If outside corporate limits, give TOWNSHIP only)

Columbia

Length of stay in 1b

3 days

c. FULL NAME OF (If NOT in hospital, give location)

University Medical Center

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Newton

c. CITY

OR TOWN

Granby, Mo.

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

Route #1

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

Ernest

P.

Smith

4. DATE

OF DEATH

Month

Day

Year

April 30, 63

5. SEX

Male

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

6-22-87

9. AGE (last birthday)

75

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (City and state or country)

Newton, Granby Mo

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

Joseph Smith

13b. MOTHER'S MAIDEN NAME

Cordelia Hussey

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT

Hosp. Records UMMC, Columbia Mo

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary emboli

INTERVAL BETWEEN ONSET AND DEATH

3 hrs

DUE TO (b)

Carcinoma Head of Pancreas

2 mos.

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Bilateral bronchopneumonia

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

4/27/63

to

4/30/63

and last saw her

live on

4/30/63

Death occurred at

930

a.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John H Landor

M.D.

22b. ADDRESS

807 STADIUM RD., COLUMBIA

22c. DATE SIGNED

4-30-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

5-2-1963

23c. NAME OF CEMETERY OR CREMATORY

Hazel Green

23d. LOCATION (City, town, or county)

Newton Co. Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Lyman Sprinkle, Columbia, Mo

25. DATE RECD. BY LOCAL REG.

April 30, 1963

26. REGISTRAR'S SIGNATURE

Mrs RE Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

MAY 14 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard A. Reaves

Licensed Embalmer No. 5109

P. O. Address Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.